

# **Iowa Board of Nursing**

**RiverPoint Business Park  
400 S.W. 8th Street Suite B  
Des Moines, IA 50309-4685**

## **REQUEST TO APPLY FOR IOWA LICENSURE BY EXAMINATION FOR INDIVIDUALS EDUCATED AND LICENSED IN ANOTHER COUNTRY**

**NAME**

\_\_\_\_\_  
Last First Middle Maiden

**ADDRESS**

\_\_\_\_\_  
Street City  
\_\_\_\_\_  
State Zip Code Country

**U.S. SOCIAL SECURITY NUMBER (required)** \_\_\_\_\_

**BIRTH DATE** \_\_\_\_\_

Name under which you were originally licensed in the native country \_\_\_\_\_

Country in which you were originally licensed \_\_\_\_\_

Type of original license **REGISTERED NURSE** \_\_\_\_\_ License number \_\_\_\_\_  
**PRACTICAL NURSE** \_\_\_\_\_ License number \_\_\_\_\_

Have you taken the National Council Licensure Examination(NCLEX®) or State Board Test Pool Examination for licensure as an RN or LPN/LVN in any U.S. jurisdiction? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If YES, list state(s) \_\_\_\_\_

U.S. states in which you have been licensed \_\_\_\_\_  
State License# Examination Endorsement

\_\_\_\_\_  
State License# Examination Endorsement

Has your nursing license ever been suspended or revoked? **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**Have you ever been convicted of a felony?** **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

I hereby certify that this information contains no willful misrepresentation or falsification and that it is true and complete to the best of my knowledge.

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. and the Iowa Code. The number will be used in connection with the collection of child support, college student loans, debts owed to the state of Iowa, and as an internal means to accurately identify licensees. This information will also be shared with taxing authorities as allowed by law. Ref: 42 U.S.C. § 666(a)(13), Iowa Code §§ 252J.8(1), 261.126(1) (2007), § 272D.8(1) (Supp. 2008), § 421.18 (2007). Information is collected pursuant to Iowa Code 147.10 and Iowa Administrative Code 655-Chapter 3, will be used for workforce projections, and may be disclosed pursuant to IAC 655-Chapter 11. Failure to provide mandatory information will result in license denial.